



Yonder: a diverse selection of primary care relevant research stories from beyond the mainstream biomedical literature

REFERENCES

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Drunkorexia, dosette boxes, doctor shopping, and slums

Drunkorexia. The term Drunkorexia was first used in university students and describes inappropriate compensatory behaviours in response to alcohol consumption, such as restricting food intake, purging, and use of laxatives. In light of recent debate about whether Drunkorexia constitutes an eating or substance disorder, or a Food and Alcohol Disturbance (FAD), a research team from Huddersfield interviewed a sample of 18–26-year-olds.¹ They found that Drunkorexia engagement is routine for participants, predominantly motivated by appearance-related concerns, such as not wanting to look bloated on nights out or on social media photos, and wanting 'value for money' for alcohol purchased. However, participants also reported disregard for Drunkorexia behaviours at the end of drinking events, characterised by consumption of high-calorie food. This suggests, the authors conclude, that Drunkorexia is not a persistent pattern of maladaptive behaviour as found in eating or substance use disorders, and should therefore be conceptualised as a FAD.

Dosette boxes. There has been much hype about the transformational potential of technological innovations to improve the health and wellbeing of older people. Amidst this focus on digital interventions, there has been a parallel interest in exploring the contributions of more mundane technologies that can nonetheless make important differences to their daily lives.² Drawing on serial narrative interview data collected with married couples aged 70 and over living in the UK, a recent article explored the way one medical technology — the dosette box — was taken up and deployed in their end-of-life caring process.² The authors suggest that the dosette box can provide an unexpected companion and 'weapon of the weak' for older partners attempting to assert their expertise and power while caring. The authors emphasise the importance of relationships, not the technology itself, as the central ingredient for good care, a lesson worth reiterating considering the increasing push for digitalised solutions to older people's care.

Doctor shopping. Doctor shopping (DS) has been defined in slightly different terms

around the world but generally refers to visiting multiple healthcare providers to get help or prescriptions, and most typically relates to addictive drugs. A recent Swedish study looked at DS behaviour for opioid painkillers, benzodiazepine anxiolytics, and z-hypnotic sleeping drugs.³ To control for medically legitimate overlaps, they compared overlapping prescriptions within a clinic with overlapping prescriptions between different clinics. Unsurprisingly, they found a significant and positive relationship between the number of overlapping doses and the number of unique providers in the overlap. More alarmingly, they found that visiting different providers on average gives patients three times higher than the standard treatment dose. A 'whole system' policy fix for DS is clearly very much needed.

Slums. People living in slums are some of the most vulnerable and marginalised in the world and face significant barriers to access healthcare services. A recent UK study examined primary care services in seven slum sites across four countries: Nigeria, Kenya, Pakistan, and Bangladesh.⁴ Consultation rates with a doctor or nurse varied from 0.2 to 1.5 visits per person-year, which was higher than visit rates to any other type of provider in all sites except Bangladesh, where pharmacies predominated. Over 90% of visits across all sites were for acute symptoms rather than chronic disease. Median travel times were between 15 and 45 min and the median cost per visit was between 2% and 10% of a household's monthly total expenditure. Medicines comprised most of the cost. The authors' policy recommendation list reflects that, despite recent progress, there is still a long way to go when it comes to primary healthcare provision for slum populations.

Podcast of the month. The wellness industry (rightly) gets a lot of criticism from the medical profession. To hear about a particularly shocking example of its exploitative potential, listen to *The Orgasm Cult* (<https://www.bbc.co.uk/programmes/p08xzk5h/episodes/downloads>).

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